

L180000162234

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

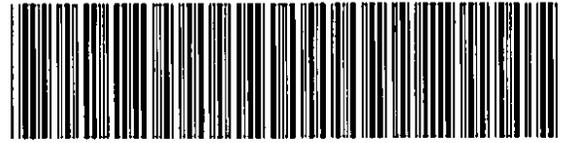
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 APR 26 PM 4:03

SECRETARY OF STATE
ALL ARAASSEE, FLORIDA

K. PAGE

APR 28 2018

2018 APR 26 PM 3:52

SECRETARY OF STATE
ALL ARAASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Rsanella Extensions
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Raven Sanella Phillips
Name of Person

Firm/Company

17797 33rd road
Address

Loxahatchee fl 33470
City/State and Zip Code

FFidelus@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fenerl Fidelus at (954) 260-2063
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Rsanella Extensions LLC
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>17797 33rd road</u> <u>Loxahatchee FL 33470</u>	<u>17797 33rd road</u> <u>Loxahatchee FL 33470</u>

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

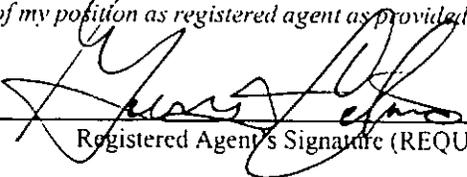
The name and the Florida street address of the registered agent are:

Galaxy Tax Services LLC
Name

6 S. Adams St.
Florida street address (P.O. Box **NOT** acceptable)

<u>Quincy</u>	<u>FL</u>	<u>32351</u>
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
 2010 APR 26 PM 4:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

